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H. T. WEBSTER, M. D., EDITOR

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INQUIRIES AS TO THE VAGINAL DISCHARGES OF WOMEN.

BY G. P. BISSELL, M. D.

IN the September number of the CALIFORNIA MEDICAL JOURNAL I ventured some remarks as to the periodicity of women, and arrived at the conclusion that it was chiefly referable to three causes: (1) Secular changes, under which, and obedient to which, all life has grown up; (2) the teasing of the male, coupled with better shelter and food; and (3) hereditary transmission of habit. I desire those conclusions to stand as introductions to the present essay.

Starting thence, I wish to correct an idea which has grown current, that woman's periods are normally of twenty-eight days, interval. Probably that period does apply to one-half of women in civilized life (and savage, too), but the other half have each a period of her own, generally exceeding, but sometimes

falling short, of four weeks. Thus we see that there is no rigidly exact period to all women.

Coming closer to the subject in hand, I remark that a discharge of blood from the vagina, at time of heat, is not peculiar to the human species. The same fact obtains in those animals which are classed nearest to man in structure; hence we may conclude that this phenomenon, as well as the frequently recurring periodicity of heat, is an inheritance from far back.

Again, I remark that the loss of blood during the season of vigor in the human is not peculiar to the female. It occurs in the male also, in the frequently recurring losses of blood, generally from the nose, but with far less of regularity of recurrence than attaches to the female; and this less regularity in case of the male is to be expected; for his season of heat is less regular, or perhaps better stated, is almost continuous. Doubtless in the man it has periods of exacerbation as well as in the woman, but this does not invalidate the fact that his term of heat is almost or quite continuous. Should anyone feel disposed to question the accuracy of the inference that loss of blood in the male has any such reference to the vigor of the sexual organs as the menses in the female, I will remind him of the fact of vicarious menstruation, and will circumstantially add that I have known bleeding piles to take the place of nose bleed in the man and of the menses in the woman.

Once more: The period of heat causes congestion of the sexual organs of either sex, more notably in the woman, because her periodicity of heat is more marked, and congestion is relieved by the flow of blood.

It seems to me that we have but to apply the logic of these facts to the case in hand to account for the monthly flow of blood from the uterus. This will best appear from recapitulation.

I start with the periodicity that inheres in all nature, partaking of which all vegetable and animal life has grown up. To most animals the season of warmth and plentiful food is pre-eminently the rutting season. The duration of this season is prolonged by plentiful food and shelter. The male of animals (and

also of vegetation) is most salacious. The season of females is less permanent, and more periodical. The male is always soliciting the female. The tendency of heredity is to transmit any accidental occurrence into a habit in intensified form, when the cause continues to operate. -Monthly periods occur in some lower vertebrate animals. There is discharge of blood at time of heat in some of those animals. Blood making is rapid in the vigor of life. During the rutting season the sexual organs are congested, and nature relieves congestion by evacuation of the congested vessels, either directly by pouring out blood or less directly by exuding an altered blood as lymph, or pus.

Hence we may conclude that the menses occur as a relief to the congested sexual organs, the recurring periodicity being dependent on causes hereinbefore stated.

GERANIUM MACULATUM.

BY R. A. HASBROUCK, M. D., SALT LAKE CITY, UTAH.

ONCE more our friend, Dr. J. V. Shoemaker, has been calling the attention of the profession to an old Eclectic remedy, and so good is his writing that it appears in the October JOURNAL as a selection. This time the doctor announces that geranium maculatum is useful in incipient phthisis and hemoptysis, and as a general astringent and hemastatic. For giving the fraternity the benefit of his experience, Doctor Shoemaker is entitled to the hearty thanks of all. All such statements as that, as to our remedies, must convince students of medicine that the endeavors of the Eclectics in the past are bearing fruit. These well-known agents are doing good work in the hands of the very body of the medical profession who, in years gone by, classed as quacks the men using them. The old school sneered at the thought of benefit being derived from the simple remedies of the new school. Then, the thought of consulting with the men who proclaimed to the world the properties of geranium maculatum—whew! Live and learn is holding good with the old school, and why should it

be overlooked by the new? Though a digression, I would ask, Why is it that we see so few articles selected from Eclectic journals by Eclectic periodicals? Is it because our writers' efforts are worthless? or is it due to a lack of originality?

Geranium maculatum is a remedy the new school has known for at least fifty years or more, and to it can be attributed some of the success of the early medical reformers. Referring to *Coffin's Botanical Journal*, Manchester, England, 1850, this is found:—

CRANE'S BILL.

"*Geranium Maculatum* (with engraving). Of this plant there are several species, but the *geranium maculatum* is the most important for medicinal purposes. It is a pretty plant, bearing purple flowers, which generally make their appearance from May to June. The name, crane's bill, is taken from an appendage of the seed-vessel which bears a strong resemblance to the crane or stork. The stems are erect, round, hairy, and forked, and are about two feet in height. The leaves are divided into five lobes, which are variously subdivided and toothed. . . . The medical properties of this plant are powerfully astringent, being one of the strongest character. It is a useful remedy in bleeding externally, and, combined with honey, is good for hooping-cough. A strong decoction of the plant may be efficaciously administered in the form of an injection in gleet and flour albus, and, finely powdered, and intimately mixed with lard, may be employed with advantage in piles."

This is what Professors Calkins and Newton, both Eclectic teachers, writing in 1885, say: "*Hemoptysis* . . . astringents are often of great utility, especially those containing styptic properties. Tannic acid, kino, rhatany, and matico are highly recommended. Oil of turpentine has been successfully used for this purpose. The best styptic with which I am acquainted is the geranin, the active principle of *geranium maculatum*. This in severe cases of hemoptysis, given in doses of ten grains every half hour, exerts a very beneficial influence upon the hemorrhage." These authors, speaking of the diarrhea of phthisical patients, say: "The most benefit that can be derived may be had

from the administration of a powder containing two drachms of myricin and one of geranin."

Turning to the "American Dispensatory," page 385, this agent is found to be recommended for dysentery, diarrhea, cholera infantum. Both internally and externally it may be used wherever astringents are indicated, in hemorrhages, indolent ulcers, aphthous sore mouth, ophthalmia, leucorrhea, gleet, hematuria, menorrhagia, diabetes, chronic mucous discharges, mercurial salivation, bleeding piles, epistaxis, bleeding from, etc.

In this article the doctor says that he called attention to the value of geranium maculatum, and in a foot-note refers to a paper read before the American Medical Association, June 7, 1887. Having called attention to the value of the remedy, it would be a logical supposition to suppose that the worth of this plant, or its medicinal qualities, had been overlooked. If such was the thought of the reader, he was unacquainted with the role the agent had taken in the medical reform which took place about fifty years ago. How long it was in use before it came into the hands of the Eclectics I cannot determine, but to them is due the prominence it has received. I cannot add to that which has been compiled above, unless it would be to say that in the treatment of the above complaints it has given entire satisfaction.

It is the writer's desire to call the attention of the readers of the JOURNAL to the fact that "attention" had been "called" to "geranium maculatum" many years ago, and especially in the treatment of lung troubles.

CASTRATION FOR SARCOMATOUS TESTICLE.

BY JOHN FEARN, M. D., OAKLAND, CAL.

LAST June my services were sought in behalf of a man who was suffering from what was supposed to be an hydrocele. On examination, I found a man about fifty, presenting marks of considerable suffering, which had existed for a long time, and had begun to impair, and seriously so, his general health. The

hydrocele was of the left testicle, and was very hard. From examination I feared organic trouble, and was guarded in the amount of relief promised as the result of the operation. I might state here that the testicle had been the seat of suffering for some years, and it had been treated to rubbings with iodine, etc. It had also been tapped, with no good results. Some weeks before I was called to prescribe for the patient, he had a fall, at which time he bruised the diseased organ. From this occurrence the trouble rapidly increased until I was called. Passing the trocar into the sac, about one pint of water was withdrawn, and, as the water was drawn off, the hard and uneven edges of the diseased organ were plainly felt through the scrotum. I at once told the man that, in my opinion, there was malignant disease, and that the only course that promised relief was to remove the testicle, and even then it would in all probability return. They expressed a perfect willingness that I should pursue any course that seemed to me best. I took another physician to confirm my diagnosis. After careful examination he entirely concurred in my verdict, so on July 8, after the administration of chloroform, I opened the scrotum, and found that our diagnosis was confirmed by the knife. It was a case of sarcomatous tumor of the right testicle. There was as yet no signs of breaking down of the sarcomatous substance, but the gland was enormously enlarged, the cord was very much hypertrophied, and the scrotum was adherent to a considerable portion of the anterior portion of the gland.

After dissecting the gland from the adherent scrotum, and removing so much of the latter as was deemed advisable, the cord was exposed as high up as possible, and a large needle, armed with a strong silk braid, was passed through the center of cord. The needle was liberated, and the braided silk was tied first on the front side, then on the back, the two knots dividing the cord into two equal portions. The cord was then cut, liberating the testicle. The braid was left sufficiently long so that the ends hung from the wound in the most dependent portion of the scrotum, thus assisting drainage. After the cavity had been cleansed with a solution of asepsin, the edges of the

scrotum were brought together with interrupted sutures, and compresses moistened with asepsin were placed over all, held in place by a good bandage. There was considerable congestion and hardness in the course of the cord for over a week. With this exception, the healing process went on remarkably well. Considering how much of traumatic surface there was, the supuration that followed was very small. Seven days after operation I left for a vacation of three weeks, and, while I was away, Dr. Boughton, of this city, who was known to the family, and who had assisted me in the operation, took care of the patient, and reports that the braid with which the cord was tied did not separate till about the fourteenth day. I saw the patient in about a month after the operation. He was about his business, and reported himself as freer from suffering than he had been for two years previous. On opening the tumor for examination, it was found that the retrograde changes which had taken place were not of the calcareous variety, but of the fatty. This fatty degeneration had progressed so far that I think it would not have been long before the blood-vessels of the tumor would have been occluded by the fatty infarction. As a result, blood supply would have been cut off, and gangrene would have taken place.

At present I have no report of any trouble in that region. But can we say that the patient is free from any danger of return?—We certainly cannot. But even should the trouble return after some months or years, the respite from present pain and suffering, with the bare possibility of permanent relief, is worth all the risk and suffering attending on such an operation. This patient, to my mind, already shows signs of an atheromatous change in the blood-vessels of the brain. And the question presenting itself to me is, When there is a disposition on the part of a malignant tumor to break up by fatty degeneration, can we be surprised if we see a breaking down of other structures in the body from the same retrograde changes? I have preserved the diseased tumor, which shows abundance of fat, and in its long diameter measures over four inches.

WHY IS IT THAT WE SEE SO FEW ARTICLES SELECTED FROM ECLECTIC JOURNALS?

BY K.

HAVING seen Dr. Hasbrouck's article before being sent to the *Journal* for publication, it brought up afresh thoughts that have been in my mind many times. Since it has been my good fortune to be a reader of Eclectic periodicals, the selected articles have been a marked feature of all excepting the *Eclectic Medical Journal*, which, having many active contributors, makes it unnecessary to draw matter for reading from other journals. This feature is marked because of the fact that nearly all selections are from old-school journals. In one sense of the word, this is not right, as it is an open acknowledgment to the medical world that we are at a loss for writers, or that dissensions or jealousy run rife between the school centers. Perhaps the latter is the cause of this utter neglect of our own literature, and to this, no doubt, is attributable the reason why so many able writers are driven into silence, or to become contributors to other journals than of the Eclectic school. Perchance there are other causes, but the first one mentioned cannot be, which is self-evident because of the fact that old school journals often select from Eclectic journals. Many articles can be seen credited to Eclectic sources; but a review of our monthlies fails to find any notice having been taken of that which others have honored.

What are to be the results of this ignoring of Eclectic writers? As has been said above, it has driven some into silence, others to contribute to journals having a larger circulation, and where there is a possibility, and a probability, of their efforts, if worthy of the labor spent upon them, being appreciated. It cannot be denied that the writer upon any subject is desirous of having his best thought paid for, and the medical contributor expects his pay in no other way than by going before as many readers as possible, unless he is one of the favored few who are compensated in lucre for MS.

Is our field of practice so destitute of originality as to preclude the possibility of periodical literature?

We think not; yet a comparison with Allopathic and Homeopathic publications is uncreditable to us. To such an extent is this true that numbers of our younger members are leaving the rank and file to become free lances, or to fall into line with the pathies. It is impossible for us to be listless to stagnation and live as a separate body.

Men like Secretary Wilder, Dr. Geo. Covert, Professor Younkin, our friends at Cincinnati, Atlanta, and elsewhere, see the effects of something, and call for organization. They tell us the National must be recruited; but if those who would and should be recruits are lost soon after becoming practitioners, what must be the final outcome? Thin ranks for the National, think you not?

We expect of the student of to-day greater literary attainments, greater medical lore, and if he possess these to such an extent as to make him a man of ability, he will naturally inspect the literature of his school. Doing this, he finds it lacking in more ways than one; there is a lack of that enthusiasm which has been instilled at college; the faith is shaken, and in casting around for mental activity he who might have been a strong supporter of a good cause is lost, and irrevocably so.

We all start out from college firm in the belief that in the practice of that which has been taught us, we shall be more successful than those of the other schools. We believe this because it has been demonstrated in a lively and enthusiastic manner. Once outside of college, reading must convey the thoughts of one to another; therefore our writers should be encouraged.

The welfare of the school lies in the hands of the masses, and to perpetuate its good points they must be kept before their eyes. If it be necessary to keep the teaching of Christ constantly before the people that they be not lost to the faith, it follows that medical teaching, which is a matter of education, should be likewise treated.

Recalling a few words that may bear upon this subject, I will copy from an article by Nelson B. Henry, entitled, "Common Sense as the Basis of Education," in the *Rocky Mountain Magazine*: "The heart, like the intellect, improves when rightly exercised, and becomes weak and feeble from neglect. Man is en-

dowed with religious possibilities, and they must not be neglected. The neglect of the religious element is damaging even to pagans. The neglect of the gods played no inconsiderable part in the decay of Greek civilization. In proportion to the purity of the religion of a people will be their greatness. . . . What is true in this respect of a civilization is true of the individuals composing it. Religion is a personal matter. It appeals directly to the individual, and reaches the civilization through him. It must be presented to him not only as a matter of general, but of personal interest. He must be trained in its precepts, and become skilled in its practices."

As with religion so with medical practice; and much that has been said above can be properly applied to the medical body of which we are supposed to be supporters. The neglect of school-teaching is damaging to Eclectics. The heart, like the intellect, improves when rightly exercised, and becomes weak and feeble from neglect. This we can take home; for let a man be a peer among physicians, if he loses heart in the active society or school work, he becomes isolated and cold to all that which is of the greatest good to the greatest number.

The perpetuation of medical teachings is made by appealing directly to the individual, and reaches the people through him. It must be presented to him not only as a matter of general, but of personal interest. The individual choosing the Eclectic school takes into consideration the good that the world is to derive from his choice, or that part of the world outside of the medical profession, and to keep him imbued with the necessity of leaving to posterity something better in the practice, it is necessary that teachers and those connected with the press should enter heartily into a rejuvenation of the cause. A glance at the three schools of medicine will convince the skeptical, if such there be, that we are not doing all that could be done for the faith that is within us. Glance at the October number of the *North American Review*, and there you will find a subject, "The Open Door of Quackery," the writers upon which, Dr. William G. Eggleston, Dr. Austin Flint, and Dr. R. Ogden Doremus, have shown that there is a desire on their part to perpetuate their so-called unsec-

tarian teaching. Look at the homeopathic journals and publications. There you will see that school-teachings are not ignored. There you will see that their writers are considered worthy of being quoted.

Just as this is finished the November *American Journal* is received, containing a report of the Connecticut Eclectic Medical Association, in which this is found:—

Resolved, That at present exigency it is more than ever incumbent upon all genuine Eclectics to stand firmly by their principles and to renew their exertions to advance their cause, and that, accordingly, we would impress upon our professional associates in the several States and districts to put forth their efforts to stimulate the various Eclectic organizations to more aggressive activity and greater efficiency.

After what has been said I shall let this resolution close the subject.

WHY DO PEOPLE GET SICK?

BY G. P. BISSELL, M. D.

MAN, and most animals as well, are endowed with a nervous system, the use of which is for the personal good of the individual, first in enabling him to obtain means of subsistence, and secondarily to enable him to avoid whatever is noxious.

But if we start out on such premises, and then survey the facts of existence, we will become convinced that those facts do but poorly accord with the theory.

Directing our attention primarily to man, we know that the nerves make quick report of heat and cold, and of contact with all solids, thus fulfilling both the primary function of indicating comfort, and the secondary of warning from evil, so far as those grosser sensations are concerned. The same holds as to animals.

But there is a large class of cases wherein animals seem to have advantage over the more intelligent man. This is shown in the fact that man is subject to a far greater number of diseases than are animals.

To speak more definitely, let us take those infections and con-

tagious diseases which afflict both man and animals, and we shall find man subject to far the greater number. But we shall find that neither man nor animals are endowed with sensations so acute as to warn of dangers that lurk in many infectious diseases, nor in the poison of malaria.

The question then is pertinent, Has nature so far failed in the construction of the nervous system that it is incompetent to perform one of its chief functions? Two forms of answer may be adopted by the evolutionist: First, that the failure at present apparent may be qualified by the saving clause that evolution is not yet complete, thus involving the unwarranted hope that sensation may hereafter become so acute as to warn of those dangers; and second, that nature had already done her duty in this regard, when she made numerous nerve plexuses along the spinal axis, and to the sympathetic or vegetative system; but that in pursuit of a higher development which should result in a conscious individuality, this sensation has become obscured by that higher development, and that the less important is sacrificed to the more important. Or perhaps it would be better stated to say that in the process of development the sensation of danger is not carried to—certainly not noted by—that higher center of consciousness. This last statement can be adopted by the physiologist, for we surely know that many sensations and acts which were at first conscious, and both noted and regulated by consciousness, have in individual development ceased to be noted by the central consciousness, and have been relegated to the subordinate centers, so that, save in extraordinary cases, they are not noted at all; for instance, such is the act of balancing the body in standing or walking, which at first required one's whole attention to produce and regulate, but afterward becomes an unconscious act, passing no further toward the center of consciousness than the spinal ganglia, except when that balance is lost, or some unwonted obstacle lies in the path; and such, too, are many acts of the hands, as the often-instanced automatic use of the fingers in touching the keys of the piano.

But not only are those animals that are lower in the scale of reason than man, and which are said to trust more to instinct

(whatever that may be), subject to less variety of diseases than man is, but in some respects they possess decided superiority over him. Pioneers have a habit of examining any fruit that is new to them, to see if the birds and animals eat of it, before partaking of it themselves, for observation has taught them that wild animals do not eat of unwholesome food. The pig, taken from its mother in a sack which shuts out all light, will make its way back in a direct line. The homing habit of the horse is well known. I have seen the hog gather material for a bed, three days before a storm, and while the weather was yet fair, and have predicted the on-coming storm from that *datum*, much to the wonder of many. It has taken man's reason a century to organize the signal service.

These facts show that animals have a keener sensation of atmospheric and toxic influences than has man, and also a knowledge of direction not possessed by him. If comparison were instituted between savage and civilized man, the same keenness of sensation, in less degree, would be found to hold in favor of the savage.

The logic of these facts is plain. They go to show that nature had endowed the nerves with sensibility to apprehend the approach of evil, but that a higher evolution has overlaid and obscured such primitive sensations. They belong to a lower life, and remain but rudimentary in a higher development.

From these *data* we may learn the lesson that people get sick because the sympathetic system of nerves does not carry the sense of danger to the higher consciousness when toxic influences are encountered. The only nerves that do so are those of special sense; but these are not acute enough to apprehend danger that lurks in noxious atmospheric conditions. Whether they will ever become so, is doubtful. Reason has become dominant in the evolution of the race and of the individual; and forever, hereafter, it will be the province of reason to provide safeguards against dangers, and to furnish remedial means for their effects on the system.

CAN UNVACCINATED SMALL-POX PATIENTS BE CURED?

BY JOHN SIMMONS, ENGLAND.

SIR: As the columns of the JOURNAL are usually open for the consideration of any question of public interest, I have respectfully ventured to ask space sufficient for a few observations respecting the curability of unvaccinated small-pox patients, as, judging from the small-pox statistics that usually find their way to the public, small-pox in unvaccinated patients would certainly seem to be, under allopathic treatment, an almost incurable complaint. Any testimony therefore that tends to show that unvaccinated patients can be cured will not only be interesting, but will be a very welcome piece of information.

It is not a little astonishing that while in nearly every disease medical science can claim some conquest, can show some advance in its methods of cure, in unvaccinated small-pox cases it is about the same, if not a little worse, than in the last century. Nor is it at all creditable to the school whose claims, if not infallible, are certainly arrogant, none but its disciples being allowed to know anything of the science and practice of medicine, that small-pox in unvaccinated patients is just about the same disease as it was a hundred years ago. Yet this is what they prove when seeking to prove the efficacy of vaccination. Really, in this question, allopaths are in this dilemma,—either unvaccinated small-pox patients are as difficult, if not more so, to cure in this century than in the last, or small-pox statistics are unreliable. They can take which horn they like. Anyway, whether allopaths can or cannot cure small-pox in the unvaccinated, other schools can, and the more widely the fact is known the better will it be for the public in times of epidemic visitations. Some years ago I tried to obtain statistics from medical herbalists whom I know to have treated many small-pox patients, in the hope of being able to place something of a reliable nature before the public in relation to the successful cure by medical herbalists of a class of patients which appears to be the

bugbear of allopathic medicine. But as a rule, little, if any, more is thought of curing these cases than of curing others under organic medication. There is, therefore, some little difficulty in obtaining the required statistic, few medical herbalists in Eclectics taking the trouble to properly tabulate their cases. This I consider to be a great mistake, and one which I hope will be remedied in the future. Still I think I am in possession of a fact or two, though given from memory, that will throw a little light upon the subject, and will perhaps be the means of securing in future that attention to the subject that it evidently demands.

Mr. Humphrey, of Grimsby, writes me, under date of September 11, that during a small-pox epidemic in 1872 he had 500 cases under his care; out of this number he "had 13 deaths, nine of which were mothers and nurses killed with neglect. Four adults, to which he was called too late, died from relapse." The wonder is it did not kill him. For he says that "from May to the end of July they came to me so fast that some days I had twenty-five cases; but what I consider my hardest day was twenty adults. It took me sixteen hours a day to go upstairs and down, for I was not in bed for three months, during which time I had lost two stone in weight." He says, in answer to a question I addressed to him, "I wish I could give you a statistical account of the vaccinated and unvaccinated cases I cured," the importance of which had, as in other instances, been overlooked, as he says: "Not thinking at the time it would ever be of any service, for I thought more of saving life. But I never forgot to ask if they had been vaccinated or not, and, according to my memory, I consider that there was a third unvaccinated. Some of the unvaccinated cases were very easy to dispense with, as they had very little fever, and therefore very little pock. I will just name one family in particular; there were four attacked in the house with the complaint—three children from seven to twelve years of age, and a servant-girl about seventeen years old. The three children had not been vaccinated; they were under medical treatment previous to my being called in. When the doctor saw them his first question was, Have they been vaccinated? The mother

replied, No. I leave you to guess how he stormed. He was then taken to the servant-girl, and, not knowing that she had been vaccinated, the storm grew stronger, for had she been vaccinated, he said, she would not have been in that state. But as soon as the girl had a chance, she told him that she had been vaccinated at three different times, and the incisions all stood, but the girl had to show her arm to convince him. The servant-girl's mother was so carried away with the belief that vaccination would save her daughter, she had had her vaccinated three distinct times. Well, the doctor was dumbfounded. Of course I took them all under my care and soon brought them out." This is Mr. Humphrey's simple statement. His experience of vaccination is that it is bad. "It fails in its first great object as a preventative of the malady, but carries into the system numerous other diseases, therefore the sooner a move is made to stop it the better." The other 500 of the 1,000 cases occurring during the epidemic were under the different doctors, out of which number 207 died. On such an occasion there would hardly be any picking and choosing of the cases; and as it will, I think, scarcely be contended that providence or fate placed only the simple and easy cases in the care of the medical herbalist, and relegated all the worst and dangerous of them to the charge of the orthodox and the State-recognized and patronized practitioners, the facts here enumerated plainly prove that there is something in medical herbalism not to be despised, although that is how it usually fares at the hands of the allopath. And Mr. Humphrey's success shows also that *unvaccinated* as well as the vaccinated small-pox patients can be cured by a rational, if not by a so-called scientific, treatment.

CORRESPONDENCE.

H. T. WEBSTER, M. D., EDITOR CALIFORNIA MEDICAL JOURNAL:
The annual meeting of the Eclectic Medical Society of California will be held at the California Medical College, No. 1422 Folsom Street, San Francisco, on Tuesday, December 10, 1889. All Eclectic and liberal physicians are cordially invited to attend, and all members of the society especially should make it a point to be there with their acquired experience and crystallized thoughts upon the various subjects of vital importance to themselves and humanity that will come up for discussion. An interchange of personalized and individualized facts and ideas upon said subjects, must as a natural consequence be beneficial to every attendant.

The large membership of the society, and my want of a personal acquaintance with a majority of the members, precludes the advisability of writing to everyone and requesting a contribution. But I take this opportunity of urging every member to be present and prepared to aid in making the meeting entertaining and profitable.

As Eclectic physicians we are supposed and presumed to occupy advanced ground upon all medical subjects. If we would hold said vantage we must of necessity lose no opportunity to fully equip ourselves for the constant contests we are daily called upon to make; and there is no way in which we can do so better than by attending these annual meetings.

By the application of that indefinable characteristic, known as *tact*, and the absence of which in any medical man precludes his eminent success, every Eclectic can demonstrate, without doubt, that the gain to him by attending these annual convocations will more than counterbalance the loss sustained by two or three days' absence from his practice. Shall an impetus be given to Eclectic medicine throughout the State? It can be done. It lies with you, fellow-physicians. A full attendance at the coming meeting, and an earnest participation in its proceedings, will surely impart a lasting impetus to our progress and success.

Eclectic physicians, I appeal to you, and again ask, Shall such a grand result be achieved?

The following subjects will be presented:—

By M. H. Logan, M. D., "Medical Chemistry;" by J. C. Stout, M. D., "Antiseptic Surgery;" by H. T. Webster, M. D., "Blood Makers;" by F. Cornwall, M. D., "Reflexes;" by H. Vandre, M. D., "Our Materia Medica;" by G. G. Gere, M. D., "Cosmetic Surgery."

There will be other subjects arranged on the program for discussion.

A. W. BIXBY, M. D.,

Pres. Eclectic Medical Society of Cal.

Watsonville, Cal., Nov. 11, 1889.

TACOMA, Sept. 14, 1889.

EDITOR CALIFORNIA MEDICAL JOURNAL—*Dear Sir:* Since writing to the JOURNAL last, I have had three successful cases of abdominal surgery,—one upon Mrs. B., wife of a prominent mining expert and assayer of our city. From this patient I removed the left ovary and tube. The patient is now able to walk about, and is, she states, better than she has been for years. In the second case, Mrs. M., also a married lady, I removed the appendages of both sides for double pyo-salpinx; patient also about and doing well. In the third case, Mrs. Y., the wife of one of our well-known real-estate men, I removed an ovarian cystoma of left side, after removing five gallons of syrupy fluid. Patient doing well. I have had two fatal cases of abdominal tumor, which I reported to JOURNAL some months since, and I take pride in now being able to report three consecutive successful cases, all operated within two months' time.

I am confining myself more especially to gynecology, though I am frequently called upon to do operations in general surgery. As I have before hinted in a letter to your valuable JOURNAL, a few alumni of the California Medical College, or other good Eclectic physicians, could make money fast in this "Sound" country, where there are but few Eclectic physicians, and so many of the so-called "old school" (Allopathic) practitioners. I presume that

my brother Eclectic physicians imagine that this country is filled with "moss-backs," but that is a mistake. There are thousands of the population of this city who would gladly employ Eclectics if they could get them. This city has an estimated population of thirty thousand people, and only three Eclectic physicians, while there are about one hundred Allopathic practitioners. The consequence is that our slates are full of calls all the time, which the lack of sufficient time does not permit us to make. I give lots of medical patients to Allopathic practitioners, and they recompense me by giving me their surgical cases. So now I trust that if there is an Eclectic physician who is a graduate of the California Medical College, and who does not know where to locate, you will send him to Tacoma. I stipulate that he must be an alumnus of the California Medical College, for that is a guarantee to me that he is abreast of the times, and I will take pleasure in inducting him into practice.

Trusting I have not taken up too much of your valuable space,
I remain, very respectfully yours,
C. E. CASE.

ATLANTA, Ga., Sept. 4, 1889.

DOCTOR AND PROFESSOR: I have just read your September number, and like it well. I was pleased with chlorate potassium. I must tell your readers of some facts known to me about this medicament in diphtheria. It is, unfortunately, a too popular medicament with many old-school doctors and some Eclectics. It is eliminated almost altogether by the kidneys, and continues several days to appear in the urine after the remedy is discontinued.

In diphtheria, albumen frequently appears in the urine. Chlorate of potassium aggravates the kidney congestion, and often the urine is smoky and quite albuminous, as well as much diminished in quantity. Chlorate of potassium is answerable for many a death of diphtheria, a fact I know to be quite true. Chlorate is also a powerful debrinator of the fluids. All exudations are fibrinous and in inflammation this is eminently so. But while chlorate does this, it also causes increase of fibrine exudation in

the kidneys, and most of the casts and plugs are owing to it. I have seen the casts and plugs vastly increased in urine in pneumonia and inflammation of serous membranes under even 5-grain doses of chlorate.

I have found chlorate peculiarly useful in intermittent fever and quasi-remittents, combined with quinine and tartaric or hydrochloric acid. I cure many cases of these so-called typho-malarial cases of mild type. My usual formula is—

R Quinine sulph, cinchonidia, āā 3ss.
Water, ʒiv.
Acid hydrochloric diluted, ʒss.
Potassium chlorate, ʒiss.

M. Sig.—Teaspoonful every two hours or oftener.

Chlorate is often a good remedy in $\frac{1}{4}$ -grain doses in pneumonia of children when the expectorations are tough and the skin not very hot, say 101° Fahr. It is very useful in fibrinous bronchitis, but I give bicarbonate of potassium with it.

Yours fraternally,
JOS. ADOLPHUS.

SELECTIONS.

GLEANINGS FROM OUR EXCHANGES.

BY HANNA SCOTT TURNER, M. D., OAKLAND, CAL.

NUSSBAUM recommends the application of a pomade of lanolin and ichthyol, equal parts, as a very speedy and simple method of cure in erysipelas. The affected parts are covered with salicylated cotton, which effects a cure in two or three days.

JABORANDI is valuable in the treatment of erysipelas. Five-drop doses given every two hours with favorable results.

DR. WOOD states that drop doses of viburnum prunifolium never fail to give relief in singultus.

DR. HALE advises the use of hydrobromate hyoscine, $\frac{1}{500}$ and $\frac{1}{1000}$ gr. in melancholia, with nervous excitement; also, arseniate of strychnine, 2x or 3x, in dilatation of the heart.

THUJA has been found very useful in senile gangrene. The tincture, diluted with glycerine, equal parts, and applied on absorbent cotton, changes the whole aspect. The sloughing and fetor ceases, and the bones and tissues resume a healthy condition. For the fungoid ulceration of the os uteri, this is an excellent application.

QUEBRACHO is a substance which possesses the property of moderating respiratory movements. It is the digitalis of the lungs. It relieves dyspepsia, whether this be due to nervous troubles or anatomical alterations in the circulatory or respiratory apparatus. Its action is immediate, and its effect certain. At least such has been the case in the majority of instances in which it has been employed. Its efficacy in dyspnea produced by circulatory difficulties, leads one to believe that it exercises a direct action, not only on that part of the (cardiac) nervous system which is connected with respiratory movements, but also on the apparatus of cardiac innervation.—*Simon y Nieto*.

THE alkaloid of quebracho, in the 2c or 3c trit., is of great efficacy in dyspnea from almost any origin.—*Dr. E. M. Hale*.

CREOLIN is made from coal, is a syrupy, dark brown fluid,

smelling of tar, and forming a milky emulsion with water. The coal from which it is made is selected with great care, and the benzol and carbolic acid are distilled off, the residue being treated with resin and caustic soda. It does not contain a trace of carbolic acid.

CREOLIN IN DISEASES OF THE EYE.—Purtscher advises the employment of a one-per-cent solution of creolin in simple conjunctivitis, phlyctenular conjunctivitis, papillary trachoma, blennorrhea of the lachrymal passages, all the varieties of ulcerative keratitis, even with hypopyon, and parenchymatous keratitis. He believes that it possesses powerful antiseptic properties. Three or four drops of the solution may be used several times a day. It is absolutely without poisonous qualities.

CREOLIN IN DISEASES OF THE BOWELS.—Dr. A. Hillir (*Deut. M. Woch.*, July 5, 1888) speaks very highly of creolin. He says: "Given in strong gelatine capsules, in doses of between three and fifteen grains three times a day, it promptly and certainly relieves meteorism from whatever cause, whether constriction, typhlitis, catarrh, atony, or ileo-typhus. It was found equally efficient in simple flatulence, gastric dilatation, acute and chronic gastric catarrh, and diarrhea. Given in a case of tenia, and one of oxyuris, its action was prompt and efficient as an anti-parasitic. Creolin may also be used to irrigate the rectum in carcinoma cases. Used thus in solutions of 1 in 500 it acts like a charm in purulent cystitis.—*New Remedies*, November, 1889.

DR. HAMILL reports in the *University Medical Magazine* a still-birth in which the cord was wrapped around the right arm twice, and the neck four times. The only diagnostic point was a retraction of the head after each pain, finally necessitating the use of the forceps.—*Medical World*.

EIGHT or ten drops each of tincture of cannabis indica and nux vomica, in an ounce of chloroform water, will often produce a voracious appetite.—*Medical World*, November, 1889.

THE safest and most pleasant remedy for hematemesis is said to be water drunk as hot as can be borne, in quantities of half a tumblerful to a tumblerful. No other hemorrhages occur, and fragments of clots are vomited.—*Pittsburg Medical Review*.

CHLOROFORM is an unsafe anesthetic in all cases where there is present any form of intestinal obstruction.

WHEN the capacity of a lung is diminished by disease, the bronchial tubes of the same side are correspondingly reduced in caliber. As the lung regains its normal capacity, so the bronchi their volume. Pulmonary emphysema causes enlargement of the bronchi. Pleuritic adhesions cause contraction. When both conditions exist, they may neutralize each other's action.

ELECTRICITY IN UTERINE TUMORS.—Dr. Ashby says:—

“1. The constant current is chemical and catalytic in its action.

“2. The Faradic current is a nerve and muscle stimulant and exciter.

“3. The negative pole of the constant current is destructive and disintegrating; the positive astringent and hemostatic.

“4. The influence of the polar action is modified by the strength of the electro-motive force, and the internal and external resistance the current must overcome.

“5. A current ranging from 100 to 300 milliamperes is indicated in electrolysis.

“6. The safety of the current is regulated by the carefulness of administration, gradual increase of dosage, employment of cleanliness and asepticism, proper selection of cases, and accurate knowledge of the history of fibroid growths.

“7. No fibroid tumor should be attacked by electro-puncture when it is possible to reach the growth through the uterine canal. When the tumor mass can only be reached by puncture, the entrance should be *per vaginum*, or through the cervix.

“8. Fibroid tumors which are not solid and free from lymph space, should not be treated by electrolysis.

“9. The constant current must be successfully employed in carefully selected cases of chronic inflammatory troubles about the pelvis and uterus.”

Therefore we may conclude—

1. That electricity is a therapeutic agent of value in gynecology.

2. That its value is only apparent in properly selected cases and in well defined conditions.

3. That it must be employed in systematic dosage, in perfectly smooth and interrupted currents, and in deference to polar action.

4. To secure its proper action the operator must understand the principles of electricity, have a practical knowledge of the conditions in which it is indicated, and must understand the details of administration.—*Maryland Medical Journal*.

AXIOMS IN ELECTRO-NEURO THERAPY: 1. Paralysis of vaso-motor centers is followed by dilatation of capillaries.

2. Irritation of vaso-motor centers is followed by contraction of capillaries.

3. Paralysis of spinal nerves is followed by contraction of capillaries in paralyzed area.

4. Irritation of spinal nervess is followed by dilatation of capillaries at points of irritation.

5. Irritation of spinal nerves exhibits vaso-motor activity; in area irritated, vaso-motor paresis.

6. Paralysis of spinal nerves allows increased tonic action of vaso-motor centers in paralyzed area—inhibitory actions of spinal system being removed—and increased vaso-motor activity is shown by contraction of the capillaries.

7. Increased amount of oxygen in the blood—arterial blood supply—lessens activity of the vaso-motor centers.

8. Diminished amount of oxygen—venous blood supply—increases tone or activity of vaso-motor centers.

9. Afferent impulses affecting the vaso-motor centers are for the most part conveyed by the sensory nerves, while afferent impulses from these centers pass along special vaso-motor nerves.

10. Afferent impulses may either inhibit or exalt the activity of a given vaso-motor center.—*St. Louis Medical and Surgical Journal*.

THE term "heart failure," which is so often given as the immediate cause of disease, is used because the health board insist that in every case the immediate cause of death shall be given. Died from want of breath would not be scientific, so the profession write, "heart failure," and the term passes muster.—*N. Y. Medical Times*.

THREE-FOURTHS of all uterine diseases and displacements are the result of a want of proper care and attention during menstruation; and this is probably the most potent cause of the physical degeneracy of American women.—*Medical Summary*.

SORE throat is often the sequel of an overloaded stomach.

"My pa," said one small boy, "is a preacher, and is sure to go to heaven."

"Huh!" said the other small boy, "that ain't nothin'. My pa is a doctor, and can kill your old pa."

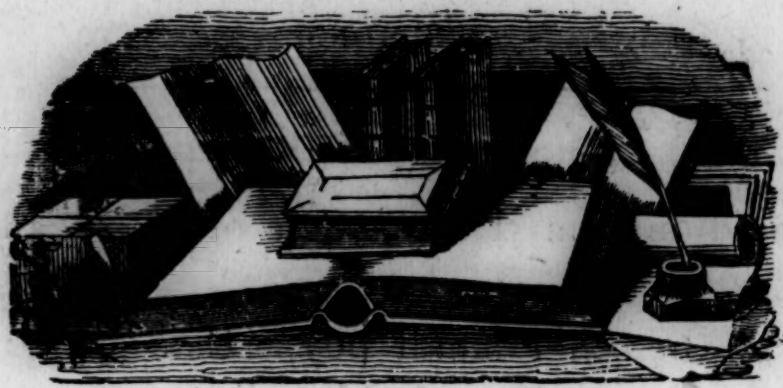
Doctor (to dying patient)—"Death does not end all, my dear friend."

Dying Man—"Right, doctor, you and the undertaker send in your bills after that."

A DELICATE DISH.—The following conversation is said to have taken place between a French *chef* and a fashionable boarder. Any hotel bill of fare might afford quite as good a foundation for dietetic squeamishness, with its "stewed kidney," "fried brains," "*pate de foie gras*," and deviled abominations of various sorts. "Do tell, monsieur, what this delicious dish is, said pretty Mrs. H., the star boarder." "Zat, madame, zat is a grand triumph of ze art. Only ze Frenchman can make ze delicious dish—zat is ze—vat you call ze owl." "Owl!" exclaimed a chorus of voices, and a dozen wry faces were made. "Oh, monsieur, how could you have the heart to kill the poor thing?" shrieked the star boarder. "It sees you zat meek so cruel accusations, madam; I no keel him—he die!"

A VALUABLE REMEDY.—*Gentleman* (to village cobbler)—"What's that yellow powder you are taking so constantly, my friend?" *Cobbler*—"It's snuff—catarrh snuff." *Gentleman*—"Is it any good? I'm somewhat troubled that way myself." *Cobbler* (with the air of a man who could say more if he chose)—"Well, I've had the catarrh for more than thirty years, an' I never took nothin' for't but this."—*Epoch*.

CONTINUALLY favorable reports are coming in concerning the inhalation of the vapor of eucalyptus in the treatment of diphtheria and in bronchial affections. If the powdered leaves be burned, and the smoke inhaled, the most marked effects are sometimes experienced in chronic nasal and bronchial catarrh.—*Medical World*.



EDITORIAL.

When You Come to Think about It.—When you come to think about it, another year is drawing to its close—volume 10 of the JOURNAL will be completed with the present number. Turn over its pages—for of course you have preserved the numbers for binding—and note what has been accomplished by those who ought to figure prominently in the making of it an attractive and instructive medical monthly. Not long since we received a letter from an Eastern Eclectic who is in search of a location here, containing the following:—

“By the way, what is the matter with San Francisco? There do not seem to be any Eclectics there. Why would that not be a good place to locate?”

In explanation of this we will remark that the writer is a new subscriber to the JOURNAL—within the past year—and he probably predicates his idea of the paucity of Eclectic talent in the metropolis upon want of evidence of it in our pages. Barring a single article from the pen of C. N. Miller, M. D., and Dr. Logan's biography, Dr. J. Fearn is the only member of the California Medical College faculty who has contributed in the least to our pages in the past year. To his valuable articles our readers have been indebted for many useful hints; and this from the Oakland side of the bay.

But let us look a little further back. Volume 9 tells a little better story, for Dr. Cornwall contributed two articles in the course of the year, one on “Diseases of the Optic Nerve in Relation to Affections of the Brain and Spinal Cord,” and another on “Some Peculiarities of Climate and the Use of Electricity.” Taking down volume 8 we find that Dr. Cornwall contributed one

article on "Sympathetic Ophthalmia," while Dr. Maclean contributed one on "Membranous Dysmenorrhea," though we are not sure but the two last-named articles were prepared for the State Medical Society, and captured by the Editor on the ground. And this is about all that San Francisco has done within the past three years to hold up the hands of the Editor, who has in the meantime labored earnestly—though misguidedly, perhaps—for the general good. But we feel that we have only done our duty—as to the derelict we leave the matter without comment.

When you come to think about it, it would be supposed that the members of a college faculty would be representative men in the section over which that college was supposed to extend its influence and from which it was expected that it would draw its patronage.

It should be expected that Pacific Eclecticism ought to draw some of its intellectual pabulum from the metropolis of the Pacific country, yet the medical literature of the past year emanating from San Francisco has been from old school and homeopathic sources almost completely.

This would not be so noticeable to the outside world were our territory a large and densely populated one, containing numerous Eclectics in the rural districts to fill our pages; but the fewness of our numbers causes this neglect to stand out in bold relief.

And here a few questions may not be impertinent to the subject: If the efforts of Eclectic medicine were simply to be confined to teaching in the medical colleges, how long would it be before the distinctive features of our school would be wiped out—before Eclectic medicine would be a thing of the past? What has made it what it is?—Its literature, evidently; and this is what it must depend upon largely for its future success.

Wipe out, if it were possible, the writings of Scudder, Howe, King, and others, and what claims could we lay to respectability or credit as a separate class of physicians?

What claims have we as Pacific Eclectics upon the support of our physicians at home and abroad—for support to our institutions? Is there a wonder that a wet blanket has more than

once been spread upon such demands? Shall we appear in the light of mendicants saying, "Good sirs, we beseech your aid and countenance because we are good fellows, live at the metropolis, and are deserving of your patronage (like the fellow who wanted to borrow fifteen cents to get across the bay to find a job) and we demand it because we are your nearest neighbors? or shall we strive to become shining lights, not simply at the lecturer's desk, and in the narrow circle of college work, but in Eclectic medical literature as well, so that not only at home but abroad, students shall know of us and seek to drink at the fountain of our wisdom? Can a successful college exist upon any other terms? Echo answers, No!

One thing is certain, if we are completely willing to be eclipsed by our *confrères* in the East, it will not require a very long time for this to be accomplished if we hug the comfortable delusion of apathy to our breasts and patiently wait, for the world moves, new lights spring up in the Eastern horizon, and the dim candle of the Eclecticism of the Pacific Coast will ere long shed but a few struggling rays in the general effulgence.

Let no cynic imagine this a piece of spread-eagleism. It is earnest talk, and what it seems to us the subject demands.

But let it not be imagined that we would depreciate the contributions received within the past year. We have accepted them as generous offerings, and would have gladly published more from the same source. What we mean is that we deserve and ask for more aid still, and we shall continue to ask.

"If thy servant ask for bread, wilt thou give him a stone?"

P. S.—Since the above was written the article by K., in the Original Department, has been received and put in print. These remarks constitute a fitting supplement to K.'s article. Read it if you have not. The writer is an observer and thinker, who has not made any mistake in this matter.

The Influence of the Male Element upon the Female Organism.—Some interesting observations upon this subject in the October number of *Wood's Medical and Surgical Monographs*, lead to a few rambling editorial thoughts germane to the subject

At first it might seem that there was a wide difference between plant and animal characteristics in this respect, as the impression of the male pollen in the plant kingdom must be renewed with each fructification in order to be observable in the fruit, though it has been asserted that a graft made into a stalk may modify the entire plant in some instances. As examples of this our author cites the following cases: When the variegated jasmine is budded in the common kind, the stock sometimes produces buds bearing variegated leaves. This has also been seen in the oleander. Some buds of a golden variegated ash, which were inserted into common ashes, all died except one; but the ash stocks were affected and produced both above and below the points of insertion of the plates of bark bearing the dead buds, shoots which bore variegated leaves. Buds taken from an ash tree with yellow leaves were inserted into common ashes, which in consequence were affected, and produced the blotched Breadlebane ash.

But the female matrix seems the most susceptible point for such influences, and in the animal kingdom more positive results have been remarked than in plants, possibly because the subject has been pursued with more zeal in this department, and possibly because in animals the matrix is permanent throughout the existence of the individual, while with plants it perishes with each fructification. The case of the mare which bore a hybrid to a quagga and afterward foaled two colts by a black Arabian horse, both bearing the strips, dun color, and other characteristics of the quagga; and that of the sow of the black and white breed which bore pigs from a wild boar of a deep chestnut color, and afterward when impregnated by a male of her own breed still bore pigs marked by the brown chestnut color, foreign to the second male but peculiar to the first one, and other similar cases, are not unfamiliar to the majority of our readers.

Passing into the human family, quite as positive evidences of the impressions of a former male upon the mother of the children of a second one have been noticed. This is a fact which any discriminating person can have the opportunity of verifying by his own observations in numerous cases; but if such resemblance were imputed to a supposably highly exalted imagination, more

positive evidence is present in the case of the young woman, born of white parents, but whose mother some time before her marriage had a bastard child (a mulatto) by a negro man servant in Edinburgh. She presented distinct traces of the negro. Dr. Simpson had no recent opportunities of satisfying himself as to the precise extent to which the negro character prevails in her features, but he remembers being struck with the resemblance, and noticed particularly that the hair had the qualities characteristic of the negro.

Whatever may be the cause of this influence, and numerous theories have been advanced, the subject becomes one of considerable interest to every matrimonial candidate. A widow or divorced woman who had already born children would hardly be chosen by one who desired a pure strain of his own stock in his children for a wife, whatever her other qualities might be; and in those not by any means isolated cases where youthful amours have terminated rashly, the question arises, How far can development progress before the mother becomes impressed by the male element? This is something that the future husband perhaps would like to know, you know.

The Old Folly.—At a late meeting of the Connecticut State Medical Society, a number of "resolutions" were passed which might have just as well been left out of the bill.

Among them, reference was made to "Normal Tinctures" as manufactured by the Wm. S. Merrill Co., in terms of laudation, while a covert fling at specific medicines and the copyright protecting them, was indulged in at the same time.

We are not infatuated with the copyright part of the business ourselves, and yet we realize that if every half-breeched druggist in the country had been allowed to use the labels, specific medicine would have fallen into disrepute instead of being very popular at present, as evidenced by echoes heard from every part of the woods. Even the little birds take up the cry and pipe, "Give us specific medication until we die."

Seriously, half the popularity, yea, more, of our school is due to

specific medication; and the "land o' stiddy habits," the land o' wooden nutmegs and basswood hams, the land of witchcraft, where the pious Cotton Mather distinguished himself by purging the land of ungodly elements, is the place we would naturally expect would anathematize it.

Professional jealousy is the old folly which clings to Eclectic medicine still. Possibly it may not be confined to the Eclectic school, but if all here would pull together, give honor to whom honor is due, and not devote so much time to such ethical points as that referred to, we would advance more rapidly along the road to complete success.

Potassium Chlorate and Potassium Chloride.—Dr. Adolphus evidently confounds, in his communications, these two articles, and as the error is not an uncommon one, seeing the similarity in name, we will refer the reader to the fact that there is both a chemical and a therapeutical difference.

Of the familiar agent, potassium chlorate, it is hardly necessary to remark. We are all tolerably familiar with its uses and abuses, but of the potassium chloride we know comparatively little, therapeutically. Most of the old-school authorities simply mention it as a product arising during, and employed in the preparation of, potassium chlorate. Ringer gives it a place in the title to an article on the chlorides, but does not mention it in the article.

The only author of any note with whom we are familiar who accredits the potassium chloride with any virtue is Schussler, who extols it highly in attenuations as a remedy for plastic exudation.

Schussler is transcendental and overenthusiastic in many of his propositions, doubtless, but we hold that his claims as to the action of potassium chloride are not overdrawn. True, he makes, perhaps, too extravagant claims for it in diphtheria, and it is possible that he is mistaken as to the pathology of this disease and the proper adaptation of the remedy here, but when true plastic exudation exists as the result of inflammatory action, potassium chloride is the one remedy offering tangible promise of effective action where

the resorption of this product is important. Dr. Adolphus' communication is valuable, however (see correspondence), in that it revives some practical therapeutic knowledge and adds something besides to what is generally known of potassium chlorate.

The State Medical Meeting of '89.—The annual meeting of the Eclectic Medical Society of California will follow close on the issue of this number, and we deem it proper to call the attention of our readers to the president's announcement, on another page.

Of late years there has seemed to be a renewed interest upon the part of the profession at large in these meetings, and we hope that the coming gathering will be no exception to the new order of things. There is, undoubtedly, opportunity for much good to grow out of the present year's meeting in the developing of new thought, and general medical advancement all along the line.

As each physician goes more and more into public he develops constantly his latent powers of thought and debate. He learns more of his reserve stores of knowledge than he can ever dream of in a life of retirement in his private practice. These meetings not only serve to give us new ideas upon medical topics from our *confrères*, but we often learn some things of ourselves through stimulus imparted by others, which arouses the necessary train of thought.

And what of the expense? Who, in a hundred years from now, will ever miss the little money or the brief time expended in a season at the State society. Even disappointed creditors will have ceased to howl by that time, and if one is not missed it will be because he attended the public meetings and laid the foundation for an eminence that a few years could not efface after his demise.

The president has provided a good program, and it is likely to be filled. The meeting is to be held in the new college building, an attractive place, and one that all the Eclectics in California should visit, and no more appropriate time could be selected than that of the State meeting.

We are so far removed from the National—so isolated—that it is peculiarly important that we make ourselves felt through the State society, in order that it be not forgotten that there is such a school as ours on the coast. The old-fashioned, sleepy, Rip-Van-Winkle policy of yore must be a thing of the past if we are to be in at “the survival of the fittest.”

EDITORIAL NOTES.

DR. R. W. MUSGRAVE paid the metropolis a visit in October, to attend the Grand Lodge of F. A. M. and visit relatives. He reports fair sailing for Eclectic medicine at Hanford.

THE editor of the *Medical Gleaner* rates the *Eclectic Medical Journal*, the *American Medical Journal*, the *Chicago Medical Times*, and the *Georgia Eclectic Medical Journal*, as the four leading Eclectic medical periodicals. This leaves the *Medical Gleaner* and the CALIFORNIA MEDICAL JOURNAL in the second class. We would never thus have rated *ourselves* in making any comparison, but Doctor Cooper is evidently modest, and, moreover, has not long been acquainted with the California production.

WE cordially invite our readers to inspect our index for an earnest of what the past year's work contains. Have your file bound and you will find it valuable reference many times in the coming year, the index being a good clinical reference in more than one stubborn case. You will find a full digest of all that has been agitated by the medical press the past year as well as something original besides. Subscribe now for another year.

THE corps of contributors to the JOURNAL has something like increased within the past few years. Really we cannot complain as to quality. It is doubtful if any of our exchanges can offer any more originality or more practical knowledge in the same space than that furnished by our contributors. In the index each one has been credited at the end of the title of his contributed article. Look this over for further information on the subject. The list of names is as follows: J. C. Andrews, H. F. Beam, G. P. Bissell, C. E. Case, A. F. Childs, E. Darneille, I. J. M. Goss, J. Fearn, T. D. Hall, R. A. Hasbrouck, J. W. Huckins, W. B. March, C. N. Miller, J. A. Munk, I. N. Montfort, C. Morrosco, J. G. Pierce, G. E. Potter, W. S. Shotwell, H. A. Turner, J. Udson, J. J. Van Male, H. Vandre, E. R. Waterhouse, A. Wilder.

DR. BISSELL's philosophical articles have attracted considerable attention within the past year. He succeeds in exciting thought and comment from our readers, as well as in imparting instruction. We hope to still be favored by contributions from his pen.

MISCELLANY.

MR. G. W. PERKINS, of Somerville, Mass., recently stepped upon a needle, which broke off in his flesh and could not be removed by the surgeon's knife. Finally he was taken to the Somerville electric light station, and, holding his foot in close proximity to one of the dynamos, the needle was drawn from its hiding-place through the lacerated flesh.—*Chicago Medical Times*.

EFFECTS OF ANTIFEBRINE UPON MEMORY.—IN a communication to the *Medical World*, Dr. Joseph Haigh, Granada, Kas., gives it as his opinion, based on actual experience, that the continued use of antifebrine impairs the memory. He noticed this first on himself after taking the antifebrine for four months, and found the opinion confirmed by similar effect produced on a patient, a girl of thirteen years. He stopped the use of antifebrine in both instances and changed the anodyne, with the effect of distinctly restoring the former ability of remembering current events.—*Wates on New Remedies*.

BOOK NOTICES.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published monthly, \$10 a year; single copies, \$1.00. Volume 3, No. 3.

This volume contains, "Congestive Neurasthenia or Nerve Depression," by E. G. Whittle, M. D.; "The Art of Embalming," by Benjamin Ward Richardson, M. D.; "The Etiology, Diagnosis and Treatment of Tuberculosis," by Dr. H. Van Ziemssen; "Sexual Activity and the Critical Period in Man and Woman," by Dr. Louis De Seré. Index and contents for volume 3.

"Congestive Neurasthenia" deals with the cure of congestive insomnia and nerve depression by leeching and bleeding.

Dr. Richardson gives an interesting monograph on ancient and modern embalming.

The subject of tuberculosis has received a very thorough treatment.

The much vaunted hypnotic treatment forms the subject of Dr. Tuckey's *brochure*.

To the critical period in man and woman, Dr. De Seré has devoted a very readable article.

OPHTHALMOLOGY AND OPHTHALMOSCOPY FOR PRACTITIONERS AND STUDENTS OF MEDICINE. By Dr. Hermann Schmidt-Rimpler, Professor of Ophthalmology and Director of the Ophthalmological Clinic in Marburg. Translated from the third German revised edition. Edited by D. B. St. John Roosa, M. D., LL.D. 183 wood cuts and three colored plates. Published by William Wood and Co., New York.

In this admirable translation of Dr. Hermann Schmidt-Rimpler's ophthalmology, the American reader has a standard work of acknowledged European authority, containing the latest advances in this rapidly-growing science. The author has, in this second revision, made numerous changes and additions, thereby enhancing its scientific value and adding to its perspicuity. Although there are many valuable works on this subject by English and American authors, this ophthalmology contains many features which will render it of value to the profession on this side of the Atlantic, and the publishers have shown excellent judgment in electing it for translation.

Its profuse illustrations will commend it to all readers, but more especially to the student. Being not intended exclusively for the specialist, much attention has been given to the arrangement, in order that there may be a regular progression in the treatment of the subject.

Prof. Schmidt-Rimpler has added not a little of what is distinctively his own, and his impartial examination of disputed questions demonstrates his critical ability. His simple and practical treatment of the subject is in marked contrast to the *exhaustive* (very much so) and ultra-scientific style of some contemporary writers, and will not fail to be appreciated.

THE ETIOLOGY, DIAGNOSIS, AND TREATMENT OF TUBERCULOSIS. By Prof. Dr. H. von Ziemssen, director of the Medical Clinic, Munich.

This is probably the latest authoritative exposition of the present status of this subject, and is included in 71 pages of the

September issue of *Wood's Medical and Surgical Monographs*. After discussing all the essential factors which favor the colonization of tubercle bacilli in the human organism, he gives a brief description of our knowledge of the mode of colonization, proliferation, and spread of the bacilli, and of the powers of resistance which the organism has at its disposal, and in conclusion admits that there are many questions in the great field of tuberculous diseases still remaining to be solved, before all the conditions of the life, activity, and death of the tubercle bacillus are so well known that it will become possible to destroy this hereditary foe of the human race. The second section includes practical points which are especially significant as regards diagnosis, without detailing the descriptions of symptomatology and diagnosis of pulmonary tuberculosis as given in the encyclopedias and text-books; among them many new points are given, and the pre-eminent ability as a diagnostician for which the distinguished author is so celebrated, is clearly shown by the care with which he has considered this branch of the subject.

In regard to the therapeutics of tuberculosis, after quite extended notes on precautionary measures, hygiene, and sanitation, the various methods of treatment are detailed and their value discussed.

In view of the enormous advances which have been made in the last six years by investigators of tuberculosis, thanks to Koch's discovery, it is not too much to hope that at some future time the destruction of tuberculosis in the human race may be accomplished. At the present time, however, in the absence of specific remedies, much can be done in the way of treatment by suitable course of regimen, mode of life, etc., suited to the needs of the individual organism.

The profession should be encouraged by the success of Koch, and realize that whatever advances may be further made will be the result of earnest effort and thorough investigation. If these lectures shall assist the direction of such efforts to the accomplishment of even the slightest advances in our knowledge, they will indeed have done a good work.

PHYSICIAN'S VISITING LIST AND REFERENCE BOOK.

In compiling this little reference book we have endeavored to keep in mind the wants of the practitioner at the bedside, and to gather together here such matters as will be most helpful in the every-day or occasional emergencies which he encounters. It is not the intention to supply the place of larger books of reference, but merely to aid the memory in such directions as experience has shown special need. It is believed that the arrangement of the printed matter and of the blank pages is such as to make this the most convenient visiting list now offered to the profession. Contents: Calendar, Prediction of Date of Confinement, Artificial Respiration, Care of Galvanic Batteries, Disinfectants, Clinical Examination of Urine, Chemical Examination of Urine, Poisons and Antidotes, Table of Doses and New Remedies, blank leaves for visiting list, blank leaves for memoranda, blank leaves for bills rendered, blank leaves for cash received, blank leaves for general memoranda, blank leaves for obstetric record, blank leaves for death record. This is the most complete and convenient, as well as the cheapest, visiting list and pocket reference book published (pocket size, flexible binding), having only that which is useful to the profession. Price, 75 cents, net. J. H. Chambers & Co., publishers and dealers in medical books, St. Louis, Mo.

THE PHYSICIAN'S VISITING LIST FOR 1890. By Lindsay and Blakinston. Thirty-ninth year of its publication.

This old and tried visiting list still maintains the excellence which has endeared it to so many thousand physicians, and which has called out many imitations. It contains blank leaves for visiting list, monthly memoranda, addresses of patients and others, nurses, their references, etc., accounts asked for, memoranda of wants, obstetric engagements, vaccination engagements, record of births, record of deaths, cash account, etc. The preface contains almanac, table of signs, Hall's ready method in asphyxia poisons and antidotes, and numerous other valuable every-day references. For sale by P. Blakinston, Son & Co., 1012 Walnut Street, Philadelphia, Pa.

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